

# Entyvio (vedolizumab) Prior Authorization of Benefits Form

Texas | Medicaid

Contains confidential patient information.

## Instructions

Complete this form in its entirety and fax to:  
 Prior Authorization of Benefits Center at 800-601-4829.

1. Patient information		2. Physician information	
Patient name:		Prescribing physician:	
Patient ID No.:		Physician address:	
Patient DOB:		Physician phone No.:	
Date of Rx:		Physician fax No.:	
Patient phone No.:		Physician specialty:	
Patient email address:		Physician DEA:	
		Physician NPI No.:	
		Physician email address:	

3. Medication	4. Strength	5. Directions	6. Quantity per 30 days
Entyvio			Specify:

[provider.wellpoint.com/tx](https://provider.wellpoint.com/tx)

Medicaid coverage provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

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**7. Diagnosis**

**8. Approval criteria**

Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.

- Yes  No Is the client greater than or equal to ( $\geq$ ) 18 years of age?
- Yes  No Does the client have a diagnosis of ulcerative colitis in the last 730 days?
- Yes  No Does the client have a serious active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
- Yes  No Does the client have a diagnosis of progressive multifocal leukoencephalopathy (PML) or hepatic impairment in the last 180 days?
- Yes  No Is the requested dose less than or equal to ( $\leq$ ) 2-108mg injections per 28 days?

For the *Texas Medicaid Preferred Drug List*, please refer to the Texas Medicaid Vendor Drug Program website at [txvendordrug.com/formulary/formulary-search](http://txvendordrug.com/formulary/formulary-search).

**9. Physician signature**

\_\_\_\_\_  
Prescriber or authorized signature

\_\_\_\_\_  
Date

Prior authorization (PA) of benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Payment is subject to member eligibility. Authorization does not guarantee payment.

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